Approved for use through 7/31/2006, OMB 0655 003

	,	THE PARAMETER R	PONCTION Act at	1005			U.S. Palent se	of Years - 4	Mar Care D	100gh 7/31/200	& CAID GES		
_	1.	PATEN	TAPPLIC	ATIONS	som are required	to respond	to a collection o	information or	100ce; U.S.	DEPARTMEN	TOF COMME	-003.2	
٠.	<u>.                                    </u>			AHUN P	EE DETERM	SINATIO	N RECORE		4000	Mays a velid Of	AB control nu	Dog a	
		PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application op Docket Number			
	· 4· ~	1.								10/829094			
	- 1 ·	CLAIMS AS FILED - PART I								Turk			
	<del>}</del>	(Column 1) (Column 2)								071	FO ~		
	Υ .					4)	SMALL ENTITY			OR OTHER THAN			
	1.000	FOR	NUMBER FRED MUMBER EXT			/				SMALL ENTITY			
	BASIC F	EE	- THERE E			<u>''''                                 </u>	RATE FEE						
•	TOTAL C	1.15(4)				4	1		i	PATE	FEE	- 1	
	POTAL CLASAS CAT CER I. 16(c)		31						OR		7		
	INDEPENDENT CURIS		minus 20 +		• •				<u>~</u>	<u> </u>		· 1	
	07 (59	DENT CLUBLS	M					1 1	OR	Xi.			
•	(b) CFR 1.16(b))		<b>%</b> mi	nus 3 a 📗	. ,	- 1	1.			-	1	- 1	
	1 MULTIPLE	Ocociones es			<del></del>		× : :	1 . 1	OR	X.		$\neg$	
		MULTIPLE DEPENDENT CLAIM PRESENT (DT CFR 1.16(1))								-		٠, ١	
٠	1.00		+1	1 1	OR	+ 5 .		$\neg$					
	1	* If the difference in column 1 is less than zero, anter 'O' in column 2.								<u> </u>	L	- 1	
	1									TOTAL		$\neg$	
	1	CLAIMS /	AS AMEND	ED - PAG	T II	•			OR	,01AL		- 1	
	l mo	Later		1711				_				7	
1	1 /3	1/2/4 (Colum	0.1)									1	
- 1	1		<u> </u>	(Cap	um 2) (Çohu	າກ 3)	SMALL E	arm.	UR	OTHER	THESE	4	
- 1	∢ ′	REMAI	MS	HIGH			CHARLE E	41114	•.,	SMALL E		- 1	
- 1	<u> </u>	AFT	ER .	NUM	DER PRESI		RATE		. г		.141114		
- 1	ũ	AMENDI	WENT L	THEY K	USLY EXTR	u		TIONAL	1	RATE	ADDL	1	
- 1	E Profit	- I	C in	PAID	FUR	⊶ď L		FEE	- 1	- 1	TIONAL	1	
- 1	91 500			400			7	-1.45	<b>-</b>		FEE	ı	
- 1	Tol profit brdepend (n or a 1	160m	Minu		<del></del>	<del>`</del>		. 1.	OR X	. 1		4	
-1	∑		$\leq$		1-	- 11.	, T.		~`` <del> `</del>	-		1	
- 1	FRSIPE							<	R X			7	
Ţ	C FRS1 PRESENTATION OF MULTIPLE DEPENDENT CLAIM (3) CFR 1.56(4))							- 1				j	
4	_	_	•						IR   +,	1		1	
14	P.I_F(I_	9/	•		,		OTAL DOL FEE	7	TO	TAL		Ī	
W	1142	Column 1				~	DOLFEE	°		DIFEE			
1	0	CLAMS	<del>/</del>	(Colum	n 2) (Calumn :	1)							
		REMANIN	a l	HIGHES	7	7/				_	- 1		
1 2	ž	AFTER	1	PREVIOUS	R PRESENT	<b>7</b>	RATE .	OO1 .					
ΙΨ	Tobal	AMENDIA	7	PAIDFO	LY EXTRA	/		ONLL	۱ ۶	MTE	ADDI-		
1 8	DI CA LIA	/ }	Mirus		<del>`</del>	-l		EE Z	ı	1	IONAL .		
ľž	Independent	<del></del>		$\cdot \omega$	11.	11.	- 1		-		FEE /		
MENDAGAR	Independent (30 CFR 1,35%	0 5	Atinus		<del>/</del>   . / –	-    × •		OR	X 5_	. 1			
S				- (5	_1 /	x :		77	<u> </u>		/		
_	FRSI PRES	ENTATION OF MULT	PLE DEPENDE	7000	7	1		OR OR	X 5_	二・1 /		•	
		//		17 CCAM (3)	CFR (16(0))	11.	/	' l					
U	101				$\mathcal{L}$	707		OR OR	+ 3	<i>Y</i>			
- 1	, ,,	·/ .			_		LFEE /		TOTAL				
	1	(Catumn 1)		(Ca	<b></b>		<i>}</i>	DR	ADDL	FED L	. 1		
زن	4000	CLAINS	T	(Cokenna 2)	(Column 3)		L	•		/			
<u>, 1</u> 1		REMAINSIG	1 1	HIGHEST NUMBER							- 1		
됪	トスフィ	AFTER	1 1	REYIOUSLY	PRESENT	RA	TE ADD	. 1	I				
	Total	DAMEHOMEUT		PAID FOR	1 00000	1	TION		RAT	~	ώr		
<u>آ</u> لِ	CH OFR LACE	110	Minus "	20	† <del>,                 </del>	<b>1</b>	FEE		I	TIO	MAL		
ŽΓ	Independent DE CFR 1.1408	1.		$\underline{\alpha}U$		Jx.			<del></del>	FE	€		
ĽĽ	CFR I.IIA		Minus 211	マー	1.	1^ <u></u> -	=-'}	OR	X :		- 1		
ŧΓ					1	× 1			_	<del></del>			
'L'	PRST PRESENT	AROU OF MULTIPLE	OF PRIARY -			- <u></u> -		OR	<u> </u>	× 1	1		
		ATION OF MULTIPLE	- vereioen (	CAN DICE	R 1.(8(d))	1	_ 1	1 1					
							<del></del>	_  30°  _	+ 5	.   \	ı		
• N	the artivia -	itima i ta a				TOTAL ADDL F	~ I	7.	TOTAL	<del></del>	_		
u	She Highwall M	turn 1 is less then unber Previously (	the entry in co	dumn 2, write	" in colume "		" <u> </u>	_ OR `	ARP'L FE	εΙ	$\prec$		
						mr.730*					<b>─</b> i\		
_17	- Highest Mu	mber Previously P	AND FOR IN TH	IS SPACE IS	less than 3, eater	= · &/⁻. ' '3'.					. 1	`	
offer	tion of inform	most Previously Parties Previously Parties of Previously Previousl	TO FOR (Total	Y Independe	is the highest o	Withber In-	Milatha				ſ		
О Ь	Grocett) an a	Dadres (	7 37 CFR 1.1	The inform	effect in consider A		III NIE SPORODI	HEN DOX IN COR	ma 1		1		

The Highest Number Previously Paid For [Total or Independent] is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.18. The information is required to obtain or retain a banest by the public which is to tile (and by the USPTO tip process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time your require to complete in and/or suggestions for reducing this burden, should be sent to the biformation Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. OD NOT SEID FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1459, Alexandria, VA 22313-1450.

Il you need assistance in completing the form, call 1-800-PTO-9138 and select option 2.